mouth to said human an effective amount for treating said disease of a composition comprising a bystander antigen, said antigen eliciting suppressor T-cells which cause the release of transforming growth factor beta (TGF-β) at a locus within the body of said human, wherein T cells contributing to autoimmune response are located, and thereby suppress the T-cells contributing to said response, wherein said administration is not effective to treat said disease non-immunologically.

--38. The method of claim 37 wherein said bystander antigen is specific to an organ or tissue afflicted by immune attack during said disease.

--39. The method of claim 38 wherein said bystander antigen is not an autoantigen.

--40. The method of claim 38 wherein said bystander antigen is an autoantigen.

--41. The method of claim 38 wherein said bystander antigen comprises a portion of an autoantigen but excludes at least one epitope of said autoantigen that is recognized by immune system cells contributing to said disease.

--42. The method of claim 37 wherein said bystander is administered to said human in aerosol form.

--43. The method of claim 37 wherein said bystander antigen is administered in a dry powder form.

--44. The method of claim 37 wherein said bystander antigen is administered as a saline solution.

--45. The method of claim 38 wherein said administration is effective to treat said disease without an accompanying substantial decrease in the blood sugar level of said human.

--46. The method of claim 38 wherein said disease is selected from the group consisting of Type I diabetes and animal models therefor and said bystander antigen is glucagon.

--47. The method of claim 38 wherein said disease is selected from the group consisting of Type I diabetes and animal models therefor and said bystander antigen is gamma amino decarboxylase.

--48. A pharmaceutical dosage form for nasal or mouth administration and for treating an autoimmune disease in a human, the form consisting essentially of:

an effective amount for treating said disease of a bystander antigen, said antigen upon administration eliciting suppressor T-cells that cause the release of transforming growth

factor beta (TGF-β) at a locus within the body of said human wherein T cells contributing to autoimmune response are found to suppress the T-cells contributing to said response; and

a pharmaceutically acceptable carrier or diluent, wherein said dosage form is not effective to treat said autoimmune disease non-immunologically.

--49. The inhalable dosage form of claim 48 wherein said bystander antigen is specific to an organ or tissue afflicted by immune attack during said disease.

--50. The inhalable dosage form of claim 49 wherein said bystander antigen is not an autoantigen.

--51. The inhalable dosage form of claim 49 wherein said bystander antigen is an autoantigen.

--52. The inhalable dosage form of claim 49 wherein said dosage form is an aerosol form.

--53. The inhalable dosage form of claim 49 wherein said dosage form is a saline solution.

--54. The inhalable dosage form of claim 49 wherein said dosage form is a dry powder.

--55. The inhalable dosage form of claim 49 wherein said dosage form is effective to treat said autoimmune disease without substantially lowering the blood sugar level of said human.

--56. The inhalable dosage form of claim 48 wherein said disease is selected from the group consisting of Type I diabetes and animal models therefor and said bystander antigen is glucagon.

--57. The inhalable dosage form of claim 48 wherein said disease is selected from the group consisting of Type I diabetes and animal models therefor and said bystander antigen is gamma amino decarboxylase.

--58. The inhalable dosage form of claim 49 wherein said bystander antigen comprises a portion of an autoantigen comprising an immunosuppressive epitope but excludes at least one epitope of said autoantigen that is recognized by immune system cells contributing to said disease.--

REMARKS

This application is a continuation of application serial no. 07/843,752. Claims in this case are substantially similar to claims in the parent application, but are directed to administration by nose or mouth. Support for "nasal" administration is found, e.g. at page 23, line 30. Support for